

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

DRAFT

UST Tank Tightness Test

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Physical Phone	Phone: () -	Alternate Phone: () -	
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Contact Information	Phone: () -	Email:	
3. Tester Information			
Name of Person Performing Test			
Certification / License Number			
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other (specify): _____		
Contact Information	Phone: () -	Email Address:	
Company Name			
Company Mailing Address	Street Address:		
	City:	State:	Zip Code: -
4. Test Information			
Test Date	/ /	Next Test Date Due By	/ /
Reason for Test (mark only one)	<input type="checkbox"/> New Install (within 30 days from bringing into service) <input type="checkbox"/> Repair (within 30 days) <input type="checkbox"/> DEP Directed (specify): <input type="checkbox"/> Suspected Release – Incident #: _____ <input type="checkbox"/> Other (specify):		
Test Type (mark all that apply)	Volumetric	Non-Volumetric	Other
	<input type="checkbox"/> Overfill <input type="checkbox"/> Underfill	<input type="checkbox"/> Vacuum <input type="checkbox"/> Ullage <input type="checkbox"/> Tracer	<input type="checkbox"/> Interstitial <input type="checkbox"/> Other (specify): _____
Leak Threshold	<input type="checkbox"/> 0.1 gph <input type="checkbox"/> 0.05 gph <input type="checkbox"/> 0.01 gph <input type="checkbox"/> Other (specify): _____		
Test Method			
Test Duration and Delivery	Minimum Test Duration (min):		Time Since Last Delivery (hr):
Dispensing During Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tanks Isolated During Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater Depth (ft)		Level Above Tank Bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No

AI _____

5. Tank Information

(Attach additional pages as necessary)

Tank Number				
Substance Stored				
Capacity				
Diameter				
Material				
Manufacturer				
Model				
Configuration				
Number of Compartments				
Manifolded				
Leak Detection Method				

6. Tank Tightness Test Data

(Columns are a continuation from Section 5)

Amount of Product in Tank (gal)				
Tank Percent Full (%)				
Temperature of Product (°F)				
Amount of Water in Tank (inches)				
Pressure Measured at Tank Bottom (psi)				
Test Duration (military)				
Calculated Lead Rate (gph)				

7. Test Results

(Columns are a continuation from Sections 5 and 6)

Double-Wall Tank Secondary Containment	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ullage Portion of Tank	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Results for Wet Portion of Tank	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Repairs & Retest Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Release Reporting Required		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments				

8. Certification

☐ Check here if the person completing the form is the same as the tester named in the Tester Certification below.

Name of Person Completing Form		Date Completed	/ /
Email		Phone Number	() -

I certify that testing was performed in accordance with the appropriate code of practice. I further certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	Printed		Date	/ /
	Signature			
	License #		License Expiration Date	/ /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.